



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

CHECK CASHER/CHECK SELLER OFFICE CLOSURE FORM

PLEASE CHECK APPLICABLE BOX: ☐ MAIN OFFICE ☐ BRANCH OFFICE

EFFECTIVE DATE OF CLOSURE: _____

LICENSE NUMBER: _____

COMPANY NAME: _____

TRADE NAME (dba): _____

PHYSICAL ADDRESS: _____

Of location closing

City County State Zip

CUSTODIAN OF RECORDS:

In accordance with RCW 31.45.060 (2)

Last Name First Middle

MAILING ADDRESS:

City County State Zip

Phone Fax e-mail address

LOCATION OF RECORDS:

Physical Address

City County State Zip

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. Books and records must be accessible to DFI (in Washington state, unless special permission has been granted to maintain records outside the state of Washington) in compliance with RCW 31.45.060(2). Written notice must be sent to DFI informing change of location or custodian of records.
2. Surrender the original Check Casher/Check Seller (Small Endorsement) license(s) issued to this location.
3. Check Sellers Only: contact the Department of Revenue, Unclaimed Property, for instructions about any unclaimed trust account funds.
4. Complete the Annual Assessment Worksheet (reverse) and enclose your check payable to the "Washington State Treasurer"
{Note: this requirement does not apply to branch-office-only closures}



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**ANNUAL ASSESSMENT WORKSHEET FOR
CHECK CASHERS, SELLERS, AND SMALL LOAN ENDORSEMENTS
AUTHORIZED BY WAC 208-630-022**

This report will be reconciled to the required annual report and other financial reports previously submitted.

Name of company licensed in Washington: _____
Licensed as (check all that apply): ☐ Check Casher ☐ Check Seller ☐ Small Loan Endorsement

Date of Assessment: December 31, _____

Date Payment Due: upon office closure

| Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for Assessment | | Number of Licensed Locations | Dollar Volume |
|--|---|-------------------------------------|------------------------|
| 1. | Total dollar volume of checks cashed during calendar year 2003 for company. | ///////// ///////// | |
| 2. | Number of licenses issued to you by the Department to cash checks | | ///////// ///////// |
| 3. | Total dollar volume of checks sold during calendar year 2003 for company. (Do not complete if checks are sold as an agent) | ///////// ///////// | |
| 4. | Number of licenses issued to you by the Department to sell checks. (Do not complete if checks are sold as an agent) | | ///////// ///////// |
| 5. | Total dollar volume of small loans made during calendar year 2003 for company | ///////// ///////// | |
| 6. | Number of small loan endorsements issued to you by the Department. | | ///////// ///////// |
| 7. | Add lines 2, 4, and 6 if in Dollar Volume is in excess of \$1 million. Enter the total here. | | ///////// ///////// |
| 8. | If lines 1, 3, or 5 are all equal to or less than \$1 million, enter zero here. If line 1 or 3 or 5 (any one) is greater than \$1 million, your assessment is due. Multiply line 7 by \$530.86 and enter the total here, pay this amount. | ///////// ///////// ///////// | |

This report and your remittance (line 8) are due in our office on or before April 15th. Checks should be made payable to the "Washington State Treasurer." A penalty of \$100.00 per day will be assessed if the Amount Due and required reports are not received in our office by April 15th, or upon closure of office.

Prepared By: _____ Phone Number: _____

CHECK CASHER/SELLER CONSOLIDATED ANNUAL REPORT
STATE OF WASHINGTON, DEPARTMENT OF FINANCIAL INSTITUTIONS
For The Period ending _____, 20____

Name of company licensed in Washington: _____
Location of Principal Office _____
Number of Offices Covered _____

Note: If company operates with branches, a consolidated report covering all licensed locations under the Washington Check Cashers/Sellers Act is to be filed upon closure.

ANSWER EVERY QUESTION OR WRITE IN "NONE"

| Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for Assessment | | Number of Licensed Locations | Dollar Volume |
|--|---|------------------------------|---------------|
| 1. | Number and dollar amount of checks cashed during calendar year. | | |
| 2. | Check Cashing fees collected during calendar year 2003. | ////////// ////////// | |
| 3. | Checks cashed charged to bad debts during calendar year 2003. | ////////// ////////// | |
| 4. | Number and dollar amount of small loans during calendar year 2003. | | |
| 5. | Small loan fees collected during calendar year 2003. | ////////// ////////// | |
| 6. | Number and dollar amount of small loans charged to bad debt. | ////////// ////////// | |
| 7. | Number and dollar amount of money orders sold during previous calendar year as an agent for_____. | | |
| 8. | Money order fees collected during previous calendar year. | ////////// ////////// | |

AFFIDAVIT

_____} ss:

I, _____, the undersigned, being the {President, Manager, Treasurer} of the _____, swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

(signature of officer authorized to sign report)

Place for official seal to be affixed by officer before who acknowledged. Notary must not be an officer or director of the corporation

Sworn to and Subscribed before me this _____ day of _____ 20____, and I hereby certify that I am not an officer or director of this corporation.

My Commission expires _____, Notary Public.